

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3522AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/31/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRUCE OAK RESIDENTIAL CARE FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4618 SPRUCE OAK NORTH LAS VEGAS, NV 89031</b>		
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Y 000	<p><b>Initial Comments</b></p> <p>This Statement of Deficiencies was generated as a result of the an annual State licensure survey and complaint investigation conducted at your facility on May 30 and 31, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 total beds.</p> <p>The facility had the following category of classified beds: 6 Category 2 beds.</p> <p>The facility had the following endorsements: Residential facility for the elderly or disabled.</p> <p>The census at the time of the survey was 3. Three resident files were reviewed and 1 employee file was reviewed.</p> <p>There were 3 complaints investigated during the survey: Compliant #NVS00015201, Unsubstantiated Complaint #NVS00015535, Substantiated, see Tag 106 Complaint #NVS00016067, Unsubstantiated</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 207	Continued From page 1	Y 207			
Y 207 SS=F	<p>449.211(4)(b) Automatic Sprinklers-Annual Inspections</p> <p>NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC.</p> <p>This Regulation is not met as evidenced by: Based on document review and observation, the facility failed to ensure the automatic fire sprinkler system was inspected not less than once each calendar year.</p> <p>Findings include:</p> <p>Review of the facility's maintenance documentation revealed no documented evidence of a current inspection of the automatic fire sprinkler system installed in the facility.</p> <p>The facility's automatic sprinkler system riser was located on the south wall of the garage and the most recent inspection tag connected on the piping was observed to be last dated on 3/21/06.</p> <p>Severity: 2 Scope: 3</p>	Y 207			
Y 434 SS=F	<p>449.229(3) Emergency Drills</p> <p>NAC 449.229 3. A drill for evacuation must be performed</p>	Y 434			

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Y 434	Continued From page 2  monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.  This Regulation is not met as evidenced by: Based on document review and interview, the facility failed to ensure a drill for evacuation was performed monthly.  Findings include:  Review of the facility's fire drill documentation revealed the facility failed to conduct and document fire drills since the last documented drill on 8/4/07. The facility was unable to present any additional evidence of drills conducted after 8/2007.  Severity: 2 Scope: 3	Y 434			
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection  NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure a portable fire extinguisher was inspected and tagged at least once each year.  Findings include:	Y 435			

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Y 435	Continued From page 3  The portable fire extinguisher located on the north wall in the front television room, was observed to have an inspection tag dated 4/17/07. However, the extinguisher was observed to have a positive charge.  Severity: 1 Scope: 3	Y 435		
Y 444 SS=F	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on document review, the facility failed to ensure smoke detectors were tested monthly and results recorded and maintained at the facility.  Findings include:  Review of the facility's smoke detector documentation revealed the last evidence of testing was on 5/5/07. The facility was unable to present additional testing documentation following 5/2007.  Severity: 2 Scope: 3	Y 444		
Y 895 SS=D	449.2744(1)(b)(1) Medication / MAR  NAC 449.2744	Y 895		

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Y 895	<p>Continued From page 4</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered.</p> <p>This Regulation is not met as evidenced by: Based on document review and interview, the facility failed to ensure the medication administration record (MAR) for 1 of 3 residents (#1) was maintained.</p> <p>Findings include:</p> <p>Review of the residents' medication documentation revealed the facility failed to generate a May 2008 MAR for Resident #1.</p> <p>During an interview on 5/30/08, Employee #1 acknowledged that she failed to generate a MAR for Resident #1 for May 2008.</p> <p>On 5/30/08, Resident #1 acknowledged receiving her medication during the past month.</p> <p>Severity: 2 Scope: 1</p>	Y 895		
YA106 SS=F	<p>449.200(1)(2)(3)Personnel Files</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his</p>	YA106		

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YA106	<p>Continued From page 5</p> <p>employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and (b) Proof that the caregiver is 18 years of age or older.</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by:</p>	YA106		

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YA106	Continued From page 6  Based on personnel record review and interview, the facility failed to ensure a personnel files for 2 of 2 employees (#2) were complete and accurate or available for review.  Findings include:  The record for Employee #1, hired 3/18/08, revealed no documented evidence the facility checked references, no evidence the employee read the regulations, and no evidence of fingerprints contained in the record, dated 6/4/07, were sent out for clearance.  Employee #2, who was employed by the facility as a part-time caregiver, had no evidence of a separate personnel record available for review.  During an interview on 5/30/08, the owner's sister acknowledged a personnel record was not generated for Employee #2 as of this survey. She indicated the employee only relieves Employee #1 on Sundays.  Severity: 2 Scope: 3	YA106			
YA930 SS=D	449.2749(1)(a-j) Resident File  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and	YA930			

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YA930	Continued From page 7  social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i) The name and telephone number of the vendors and medical professionals that provide	YA930			

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YA930	<p>Continued From page 8</p> <p>services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on resident file review, the facility failed to ensure the file for 1 of 3 residents (#1) was complete and accurate.</p> <p>Findings include:</p> <p>The file for Resident #1, admitted on 1/15/07, revealed no documented evidence of an annual one-step tuberculosis skin test. The last documented evidence of a TB skin test was the negative result of a one-step test dated 7/3/06. Further review, revealed no evidence the facility completed an initial activities of daily living assessment.</p> <p>Severity: 2 Scope: 1</p>	YA930			

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